

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022704

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1052

FILED JUL 16 1962

## 1. PLACE OF DEATH

a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN SPRINGFIELD

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. JOHN'S HOSP.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY OREGON

c. CITY OR TOWN THAYER

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
ROUTE # 1Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
JOHN CLEVELAND TINKLER4. DATE OF DEATH Month Day Year  
JULY 5 19625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
3/28/849. AGE (last birthday)  
78IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
FARMING10b. KIND OF BUSINESS OR INDUSTRY  
RETIRED11. BIRTHPLACE (City and state or country)  
RIPLEY CO. MO.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

JOHN TINKLER

## 13b. MOTHER'S MAIDEN NAME

RHODA NORMAN

## 14. NAME OF HUSBAND OR WIFE

LORA MAE MONTGOMERY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
NO17. INFORMANT Address  
MRS. ELMER OWEN SCOTTSBLUFF, NEB.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Sudden death

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral infarction, Pulmonary infarction, Myocardial infarction

15-20 hours

DUE TO (c)

Generalized arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-27-62 to 7-5-62 and last saw her alive on 7-4-62  
Death occurred at 4:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Daniel L. Dolan, M.D.

22b. ADDRESS

609 Cherry Street

22c. DATE SIGNED

7-8-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

7/8/62

23c. NAME OF CEMETERY OR CREMATORY

JOFF CEMETERY

23d. LOCATION (City, town, or county)

THAYER, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H. H. LOHMEYER FUNERAL HOME  
SPRINGFIELD, MO.

25. DATE RECD. BY LOCAL REG.

7-9-62

26. REGISTRAR'S SIGNATURE

Effie B. Meeton

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

Permit issued 7-5-62

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ernest T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.